

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021619

State File No.

FILED JUN 18 1957

Registrar's No. 571

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 3595		
1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Imperial		c. LENGTH OF STAY (in this place) 5 mos.		c. CITY OR TOWN Shrewsbury		
d. FULL NAME OF HOSPITAL OR INSTITUTION Four Oaks Nursing Home			STREET ADDRESS (If rural, give location) 4000 5020 Wilshusen			
3. NAME OF DECEASED (Type or Print) a. (First) JESSIE		b. (Middle) R.		c. (Last) BRETSCHER		
4. DATE OF DEATH (Month) (Day) (Year) May 24, 1957						
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 20, 1880		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Effingham, Ill.		
12. CITIZEN OF WHAT COUNTRY? USA						
13a. FATHER'S NAME Richard Hill		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Joseph Bretscher		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Samuel L. Cortor ADDRESS 5020 Wilshusen		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial De-compensation DUE TO (c) Arterio sclerosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 3 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Mar , 19 57 , to death , that I last saw the deceased alive on 19 May, 1957 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.						
23a. SIGNATURE John B. Keel (Degree or title) MD		23b. ADDRESS 2314 Telegraph		23c. DATE SIGNED 25 May 57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 27, '57		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem.		
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.						
DATE REC'D BY LOCAL REG May 30 57		REGISTRAR'S SIGNATURE Phyllis E. Bauer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Aldrich Webster Groves, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 12 1957

JUN 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4395

P. O. Address Webster Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.